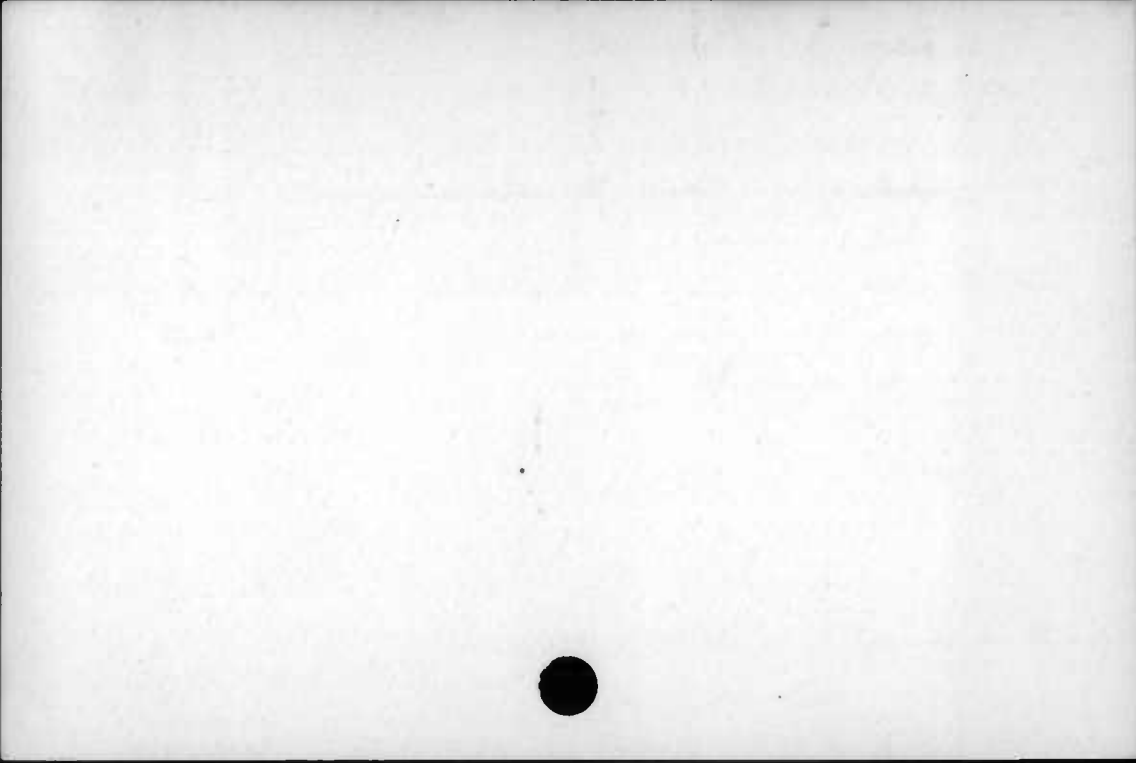


Name in Full		Raymond Allston				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Still Pond		Kent		MARYLAND	
	Date of death	1908	Month Aug	Day 3	Age 59	Years	Months — Days —
	Sex	Male		Color or Race White		Birth-place Del	
	Occupation	Laborer		Where Residing if not at place of death —			
	Married, Single or Widowed	Single		Name of Wife or Husband —			
	Father's Name	Wm Allston				Father's Birthplace Del	
	Mother's Maiden Name	Eliza Webster				Mother's Birthplace Del	
Name of person giving information	Mrs Clinton				How related to deceased Sister		
<div>CAUSES OF DEATH</div> <div>27</div>							
PHYSICIAN OR CORONER	Primary	Tuberculosis.				How long 6 months.	
	Immediate	Heart-failure.				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	yes.				Address		
				W.S. Maxwell,		Still Pond, Md.	
Accident or Suicide?							



Name in Full <b>Bertha V. Anthony</b>		Town <b>Turners Creek</b>		County <b>Hunt</b>		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month		Day		Years		Months	
1908		Aug		18		24	
Sex		Color or Race		Birth-place		Days	
female		white		md		—	
Occupation		Where Residing if not at place of death					
Housewife							
Married, Single or Widowed		Name of Wife or Husband		Name of Wife or Husband			
married		William Anthony		William Anthony			
Father's Name		Father's Birthplace		Father's Birthplace			
Benj R. Durham		md		md			
Mother's Maiden Name		Mother's Birthplace		Mother's Birthplace			
Anna B. Pfeffer		U.S.		U.S.			
Name of person giving information		How related to deceased		How related to deceased			
		Husband		Husband			
CAUSES OF DEATH							
Primary		Typhoid Fever		How long		5 weeks	
Immediate		Rheumatism Bowel		How long		4 days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Jas W. Urie M.D.	
				Address		Kenedyville Md	
Accident or Suicide?							

Crumpton.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

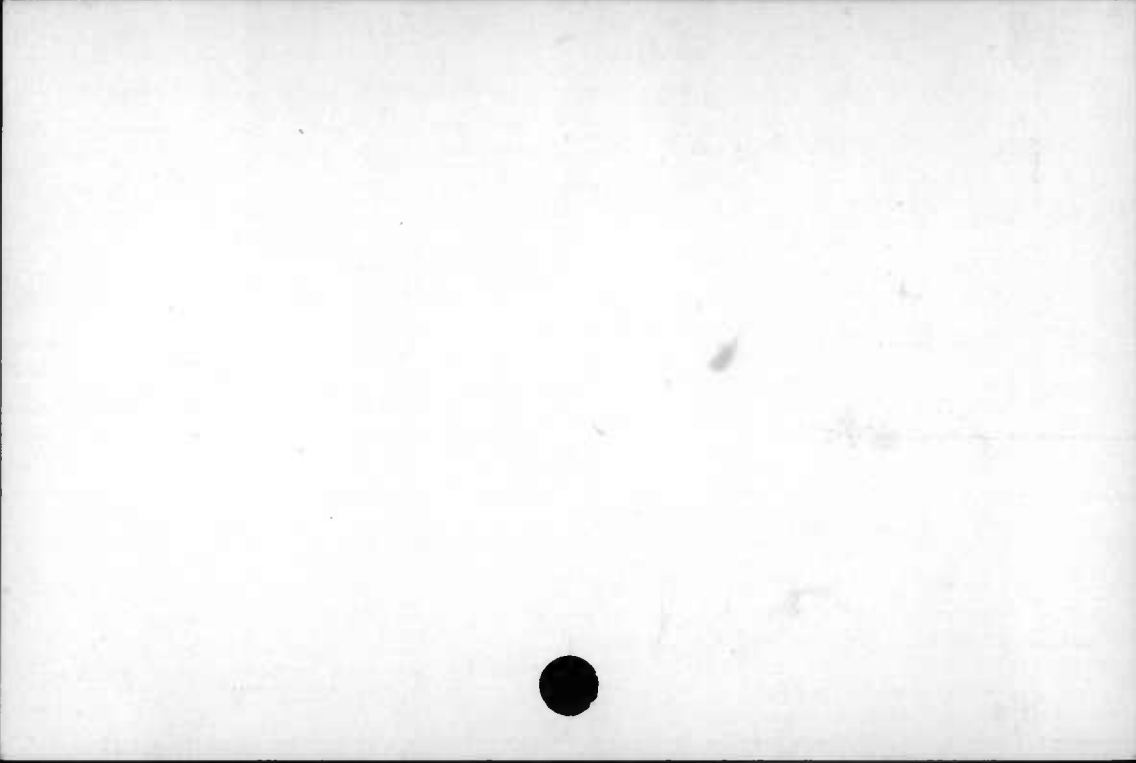
Name in Full <i>James Francis Baker</i>		Town <i>Rock Hall</i>		County <i>Kent</i>		MARYLAND					
Died at <i>Rock Hall</i>		Month <i>Aug</i>		Day <i>3</i>		Years <i>5</i>		Months <i>19</i>		Days	
Date of death <i>1908</i>		Month <i>Aug</i>		Day <i>3</i>		Age <i>5</i>		Years <i>19</i>		Months <i>19</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Kent Co. Md</i>							
Occupation <i>C</i>				Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband							
Father's Name <i>James F. Baker</i>				Father's Birthplace <i>Kent Co. Md</i>							
Mother's Maiden Name <i>Susie A. Thomas</i>				Mother's Birthplace <i>Kent Co. Md</i>							
Name of person giving information <i>James F. Baker</i>				How related to deceased <i>Father</i>							

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Summer Cataract</i>		How long <i>14 days</i>	
Immediate <i>Exhaustion</i>		How long <i>One day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Walter D. Kelly</i>	
		Address <i>Rock Hall, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Wm H Barlow

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chertstown</u> <sup>Town</sup>		<u>Heck</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	<u>Aug</u> <sup>Month</sup>	<u>14</u> <sup>Day</sup>	Age <u>1</u> <sup>Years</sup>	<u>11</u> <sup>Months</sup>	<u></u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>Col</u>		Birth-place <u>Ind</u>		
Occupation <u></u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u></u>			Name of Wife or Husband <u></u>		
Father's Name <u>Wm Barlow</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Lillie Hedges</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Mother</u>			How related to deceased <u></u>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<u>ileocolitis</u>	How long <u>Several weeks</u>
Immediate	<u>Exhaustion</u>	How long <u>Several days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W G Sumner</u>
		Address <u>Chertstown</u>
Accident or Suicide? <u>no</u>		

Melitota

W. J. A.



Name  
in  
Full

David Bowers.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Kennedyville</i>		<sup>County</sup> <i>Kent</i>		MARYLAND						
Date of death	1908	Month	<i>Aug</i>	Day	<i>9</i>	Age	<i>77</i>	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	<i>md</i>			
Occupation	<i>Laborer.</i>			Where Residing if not at place of death			<i>—</i>			
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband		<i>Unknown</i>					
Father's Name	<i>Unknown</i>					Father's Birthplace	<i>Unknown</i>			
Mother's Maiden Name	<i>Unknown</i>					Mother's Birthplace	<i>"</i>			
Name of person giving information	<i>Jos. Tiller</i>					How related to deceased	<i>Son in law</i>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Bright's disease</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Jos. W. Wrie</i>
		Address	<i>Kennedyville</i>
			<i>md</i>
Accident or Suicide?			

Still Pond

Name in Full		James M Brown				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Coleman		County Kent		MARYLAND		
	Date of death	1908	Month Aug	Day 4	Age —	Months 6	Days 1	
	Sex	male		Color or Race	black		Birth-place	md
	Occupation	—		Where Residing if not at place of death		—		
	Married, Single or Widowed	—		Name of Wife or Husband		—		
	Father's Name	James H. Brown				Father's Birthplace	md	
	Mother's Maiden Name	Annie Bradley				Mother's Birthplace	md	
PHYSICIAN OR CORONER	Name of person giving information		—		How related to deceased		Father	
	CAUSES OF DEATH						(105)	
	Primary	Enterocolitis.				How long	one month.	
	Immediate	—				How long	—	
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		W. S. Maxwell,	
	—		—		Address		Slit Pond, Md.	
	Accident or Suicide?		—		—		—	

Colman

Name  
in  
Full

Amanda M Coleman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Still Pond

Town

Kent

County

Date of death 1908 Aug

Month

Day

4

Age 53

Years

Months

Days

Sex female

Color or  
Race

White

Birth-  
place

md

Occupation Housewife

Where Residing if not  
at place of death

Still Pond,

Married, Single  
or Widowed- WidowName of Wife or  
Husband

Father's Name Geo Mitchell

Father's  
Birthplace

U.S.

Mother's  
Maiden Name UnknownMother's  
BirthplaceName of person giving  
Information Bernice BauldenHow related  
to deceased

daughter

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

Unknown

Immediate

"

How long

"

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

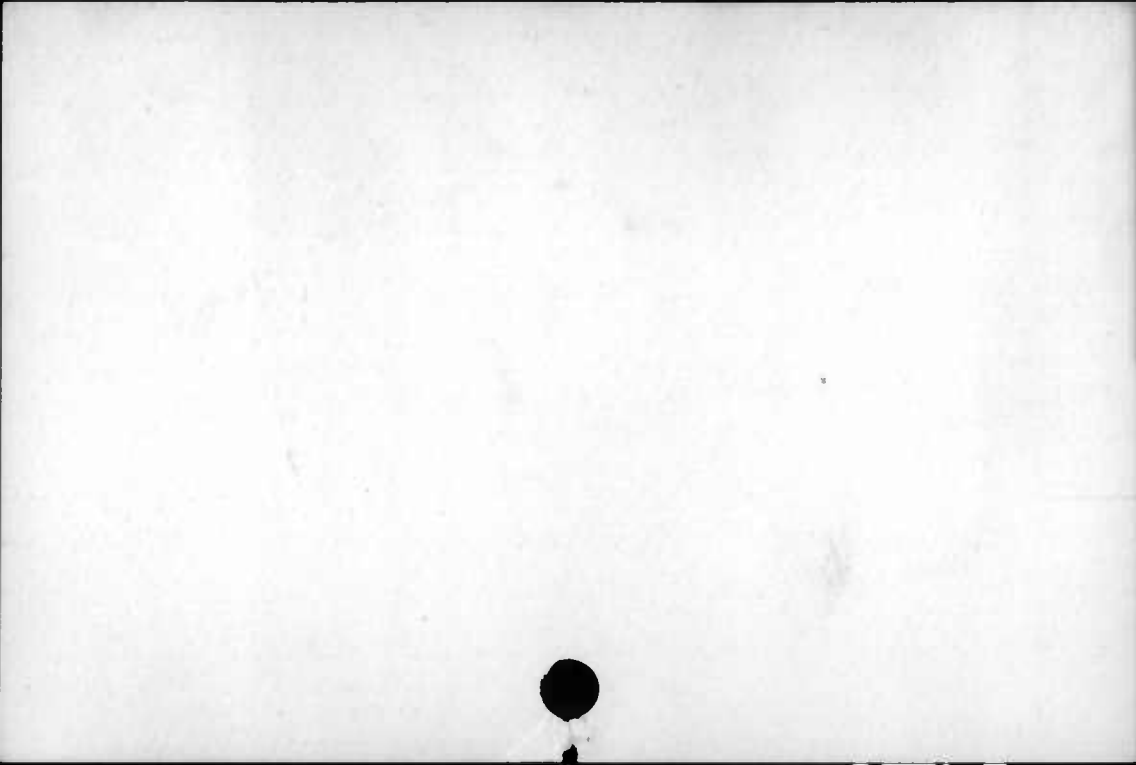
Address

L. P. Atwell M.D.

Still Pond

md

Accident or Suicide?



Name in Full		Willard O Dill				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Chestertown</u> <sup>Town</sup>		<u>Kent</u> <sup>County</sup>		MARYLAND		
	Date of death <u>1908</u> <sup>Month</sup> <u>Aug</u> <sup>Day</sup> <u>3rd</u> <sup>Years</sup> <u>48</u>		Age		Months		Days
	Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Del</u>		
	Occupation <u>Hotel keeper</u>		Where Residing if not at place of death				
	Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Annie Dillard</u>				
	Father's Name <u>Ephraim Dill</u>		Father's Birthplace <u>Del</u>				
	Mother's Maiden Name		Mother's Birthplace				
Name of person giving information <u>Annie Dill</u>		How related to deceased <u>Wife</u>					
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; font-size: 24px;">120</div> </div>							
PHYSICIAN OR CORONER	Primary <u>Telence Nephritis</u>		How long <u>2 yrs</u>				
	Immediate <u>Dilatation of heart &amp; oedema</u>		How long <u>several weeks</u>				
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. G. Summers</u>				
			Address <u>Chestertown</u>				
	Accident or Suicide? <u>No</u>						

18  
Chesterton



Name  
In  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

William Henry Dorsey

## CERTIFICATE OF DEATH

MARYLAND

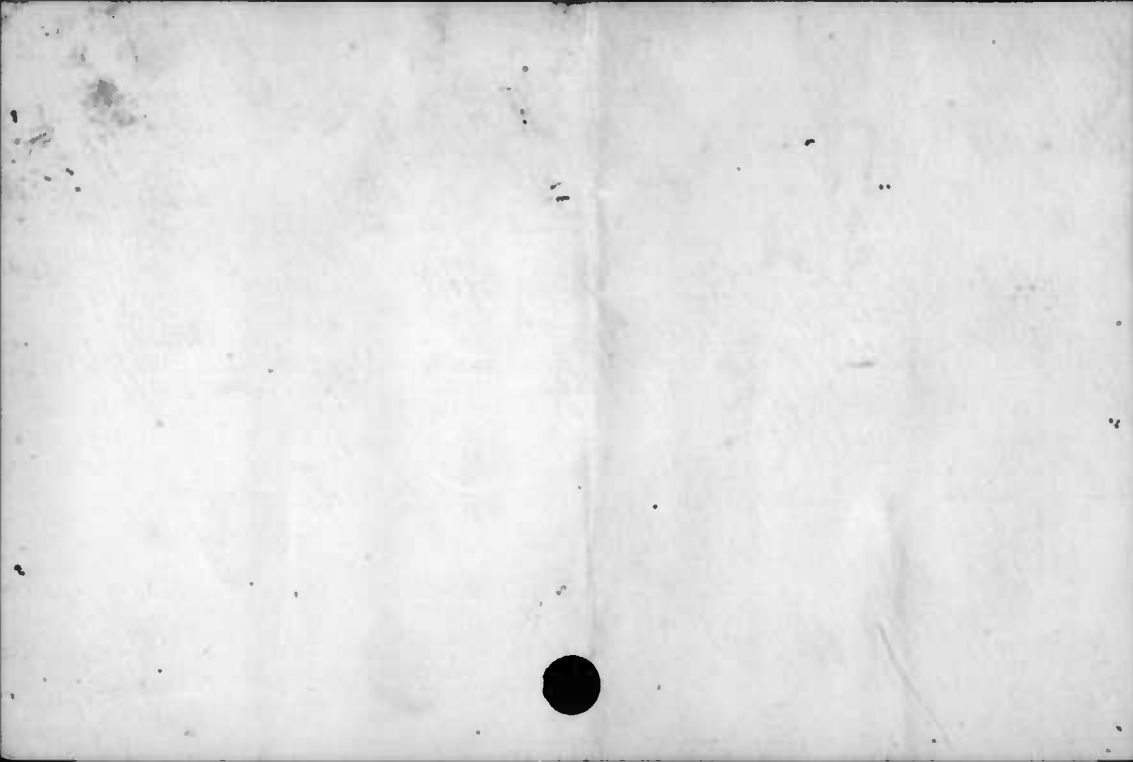
Died at *Green Galena* TownCounty *Kent*Date  
of death *1908*Month *Aug*Day *14*

Age

Years *21*Months *10*Days *4*Sex *Male*Color or  
Race *Colored*Birth-  
place *Kent Co., Md.*Occupation *Labourer*Where Residing if not  
at place of death *+*Married, Single  
or Widowed *Married*Name of Wife or  
Husband *Eunice Beattie*Father's  
Name *James Dorsey*Father's  
Birthplace *Kent Co.*Mother's  
Maiden Name *Lyclia Reese*Mother's  
Birthplace *Kent Co.*Name of person giving  
information *James Dorsey*How related  
to deceased *Father*

## CAUSES OF DEATH

Primary *Typhoid Fever*How long *3 weeks*Immediate *Pneumonia*How long *3 days*Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of  
Physician *Edward A. Scott*Address *Galena Md.*Accident or Suicide? *No*



Name  
in  
Full

Mary Boss

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

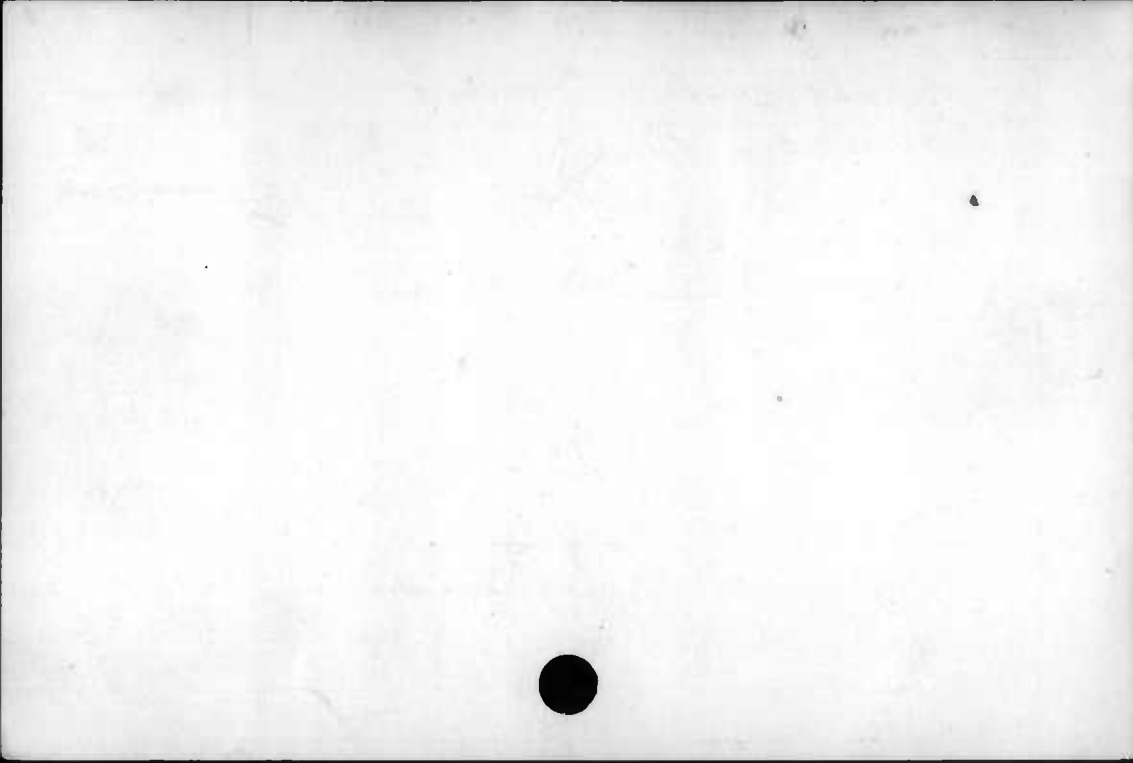
Died at		Town		County	
Sassafras		Kent			
Date	Month	Day	Years	Months	Days
of death	1908	April	1	99	6
Sex	Female	Color or Race	Colored	Birth-place	Sassafras
Occupation	Housewife		Where Residing if not at place of death		
Sassafras		Sassafras			
Married or Widowed	Widowed		Husband		
William Boss					
Father's Name	Not Known		Father's Birthplace		
Mother's Maiden Name		Mary Bessie		Mother's Birthplace	
Sassafras		How related to deceased		Friend	
Name of person giving information		Lizzie Riley			

CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	2 months
Immediate	Heart and Embolism	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. J. Wright M.D.	
Address			
Accident or Suicide?		No	



Name

in  
Full

Arianna Elizabeth Estes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Chestnutown

Town

Kent County

MARYLAND

Date  
of death 1908

Month

8

Day

20

Years

Age 64

Months

10

Days

12

Sex

Female

Color or  
Race

white

Birth-  
place

Chestnut

Occupation

Housewife

Where Residing if not  
at place of death

Chestnut

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Chas Estes

Father's  
Name

William Frazier

Father's  
Birthplace

Kent Co

Mother's  
Maiden Name

Sarah E. Redne

Mother's  
Birthplace

Easton Md

Name of person giving  
In formation

Waiter Lusk

How related  
to deceased

son in law

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary

Dilatation of heart. Valvular disease

How long

about 10 months

Immediate

Coronary atherosclerosis

How long

a few hours

Are the name, age, sex, color, date  
and place correctly given above?

Y U

Signature of  
Physician

W Frank Harris

Address

Chestnut Md

Accident or Suicide?

CLD

Name  
in  
Full

Anna May Everett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near. Chestertown</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1908.</i>	Month <i>Aug.</i>	Day <i>26.</i>	Age <i>1</i>	Months <i>1</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Michael Everett</i>			Father's Birthplace <i>29 Co Md</i>		
Mother's Maiden Name <i>Martha Blackiston</i>			Mother's Birthplace <i>29 Co Md</i>		
Name of person giving information <i>Michael Everett</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Infant's Stomach &amp; Bowels</i>	How long <i>3 weeks</i>
Immediate <i>Convulsion</i>	How long <i>3 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. M. Edwards M.D.</i>
	Address <i>Patuxent Md</i>
Accident or Suicide? <i>no</i>	

CLD



Name  
in  
Full

Alexandra Ford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Still Pond*County *Stent*

MARYLAND

Date of death *1908* Month *Aug* Day *8*Age *58* Years

Months

Days

Sex *Male*Color or Race *Black*Birth-place *Ind*Occupation *Labourer*

Where Residing if not at place of death

Married, Single or Widowed *married*Name of Wife or Husband *Catherine White*Father's Name *Richard Ford*Father's Birthplace *Ind*Mother's Maiden Name *Jane Weeks*Mother's Birthplace *Ind*Name of person giving information *Wright Walley*How related to deceased *Step Son*

## CAUSES OF DEATH

125

Primary

*Prostatitis*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*L. P. Atwell M.D.*  
*Still Pond*  
*Ind.*

Accident or Suicide?

Still Pond,

Name  
in  
Full

Elisie Ford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

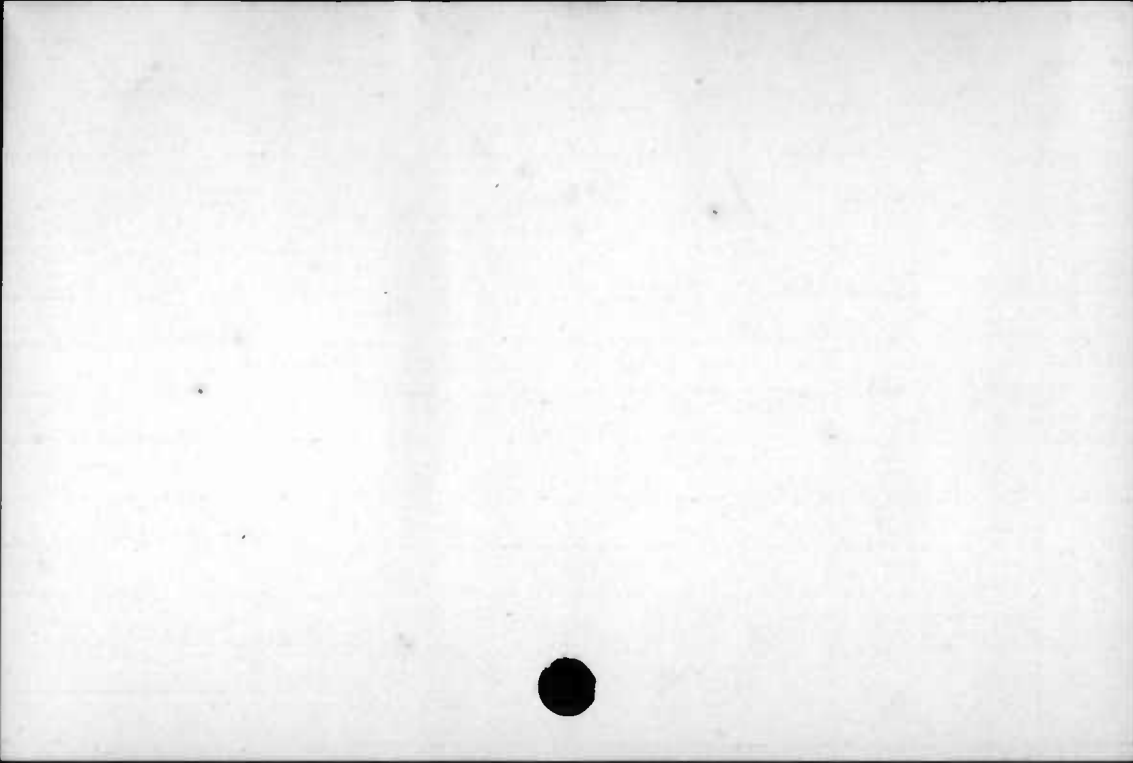
Died at <u>Near Still Pond</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND							
Date of death	<u>1908</u>	Month	<u>Aug</u>	Day	<u>18</u>	Age	<u>X</u> <small>Years</small>	Months	<u>6</u>	Days	<u>—</u>
Sex	<u>female</u>		Color or Race	<u>Black</u>			Birth-place	<u>md</u>			
Occupation	<u>—</u>			Where Residing if not at place of death <u>—</u>							
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>—</u>								
Father's Name	<u>Unknown</u>						Father's Birthplace	<u>Unknown</u>			
Mother's Maiden Name	<u>Ma Ford</u>						Mother's Birthplace	<u>md</u>			
Name of person giving information	<u>Mathew Ford</u>						How related to deceased	<u>Grand mother</u>			

## CAUSES OF DEATH

(105)

PHYSICIAN  
OR CORONER

Primary	<u>Enteric Colitis.</u>	How long	<u>two weeks.</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes.</u>	Signature of Physician	<u>W. S. Maxwell.</u>
		Address	<u>Still Pond, Md.</u>
Accident or Suicide?			



Name  
in  
Full

Clara Freeman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *New Town* <sup>Town</sup> *Worton Ph.* <sup>County</sup> *Kent*

Date of death *1908* <sup>Month</sup> *Aug.* <sup>Day</sup> *11* <sup>Years</sup> *78* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Female* Color or Race *African* Birth-place *md.*

Occupation *Housework* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *William Freeman*

Father's Name *Myer Garrison* Father's Birthplace *unknown*

Mother's Maiden Name *Harriet Lings* Mother's Birthplace *unknown*

Name of person giving information *Abraham Freeman* How related to deceased *son*

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary *Asthma* ☒ How long *Ind: 8 months.*

Immediate *exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Frank Smith M.D.*

Address *Fairlee*

Accident or Suicide? *no.* *md.*

c L D



Name  
in  
FullW<sup>m</sup> H. Harrison

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Lynch</i>		County <i>Kent</i>		MARYLAND	
Date of death	1909	Month	Aug	Day	6
Age		Years		Months	Days
Sex		Color or Race		Birth-place	
Male		Black		Md	
Occupation			Where Residing if not at place of death		
Laborer					
Married, Single or Widowed		Name of Wife or Husband			
Widower		E.			
Father's Name			Father's Birthplace		
Unknown			Unknown		
Mother's Maiden Name			Mother's Birthplace		
Unknown			Unknown		
Name of person giving information			How related to deceased		
Samuel Tillison			Son-in-law		

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Bright disease	How long	one year.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		W. S. Maxwell.	
		Address	
		Still Pond, Md.	
Accident or Suicide?			

Fountain Church



Name  
in  
Full

Frank Harvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Rock Hall <sup>Town</sup> Hent Co. <sup>County</sup> MARYLAND

Date of death 1908 <sup>Month</sup> Aug. <sup>Day</sup> 15 <sup>Years</sup> Age about 30 yrs <sup>Months</sup> — <sup>Days</sup> —

Sex Male Color or Race Black Birth-place GA

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Not Known Father's Birthplace Unknown

Mother's Maiden Name Not Known Mother's Birthplace Unknown

Name of person giving information — How related to deceased —

CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary Murdered How long 2 days

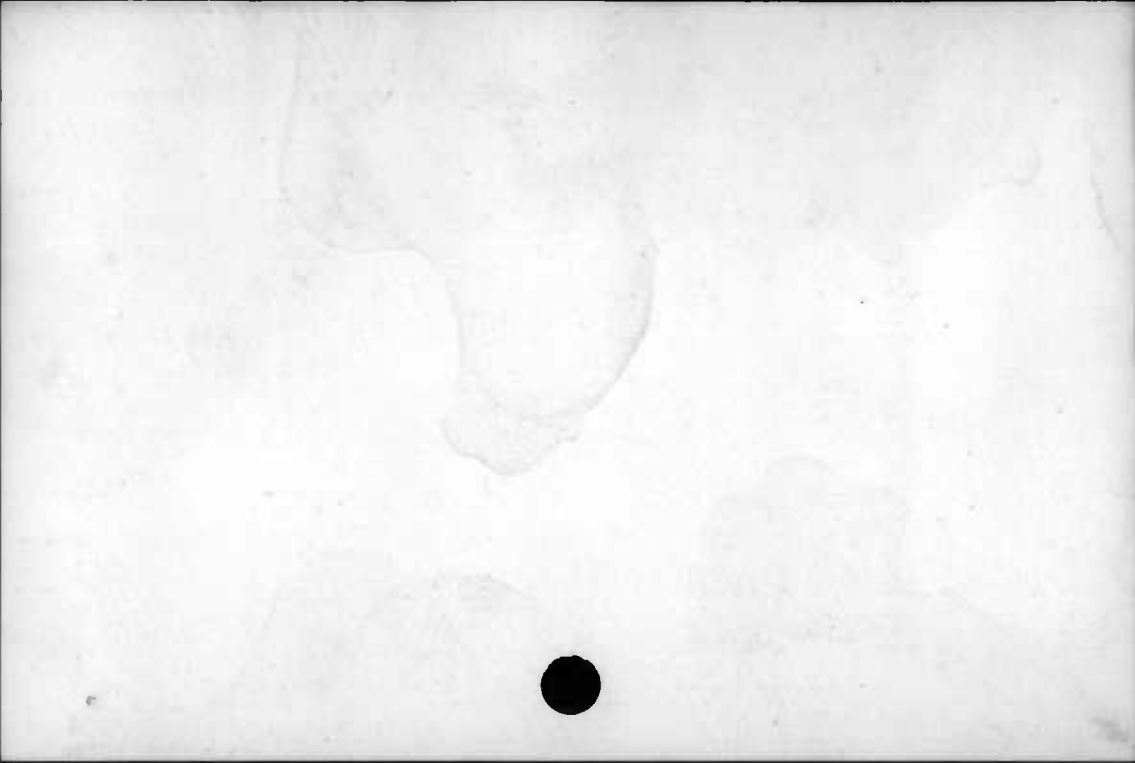
Immediate Throat Cut fractured Skull 2 days How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Walter D. Kelly M.D.

Address Rock Hall, Md.

Accident or Suicide? —



Name  
in  
Full

## CERTIFICATE OF DEATH

Susanna Jarvis

near Galena

Town

Kent

County

MARYLAND

Died at

Date

of death

1908

Month

8

Day

30

Age

Years

63

Months

—

Days

—

Sex

female

Color or  
Race

white

Birth-  
place

Delaware

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of Wife or  
Husband

John A. Jarvis

Father's  
Name

Cornelius Pennington

Father's  
Birthplace

Delaware

Mother's  
Maiden Name

Emeline Lileox

Mother's  
Birthplace

Delaware

Name of person giving  
Information

May Stradley

How related  
to deceased

daughter

## CAUSES OF DEATH

64

Primary

Cerebral hemorrhage &amp; paralysis

How long

32 hrs

Immediate

paralysis respiratory center

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. Wm. Latimer  
Galena, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

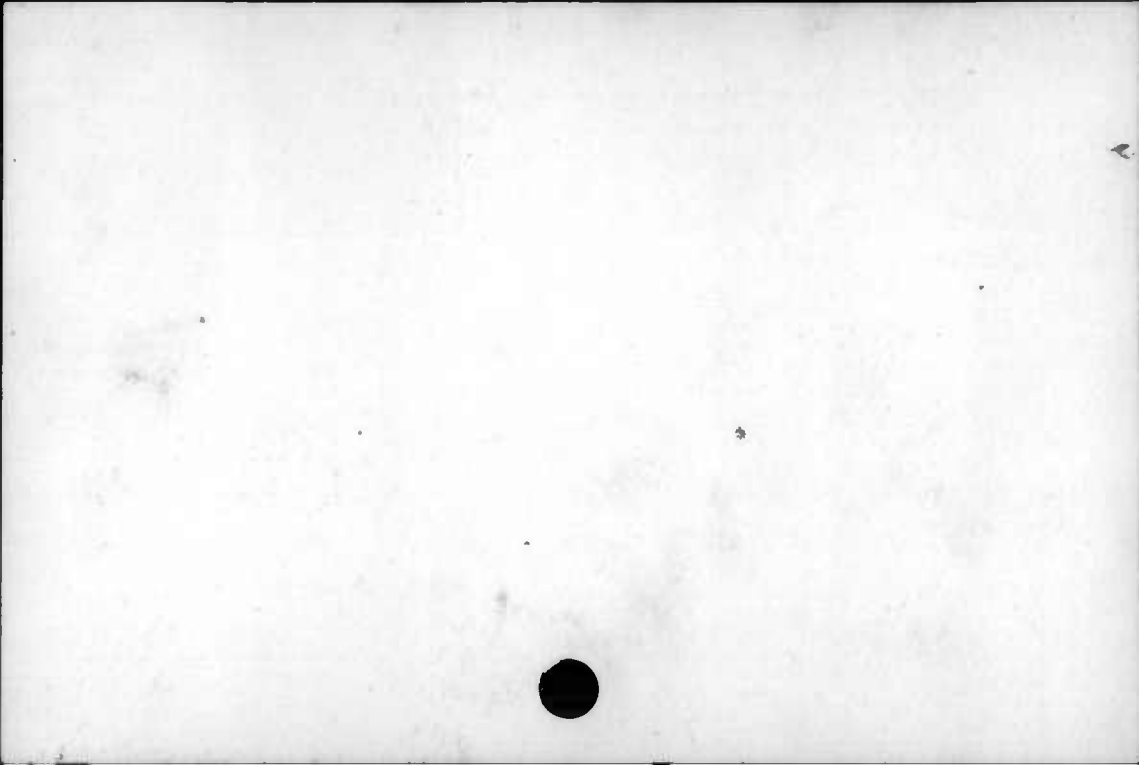
Died at		Town		County		MARYLAND	
Date of death 1908		Month 8	Day 7	Age 48	Years 7	Months	Days
Sex	Male	Color or Race	Black		Birth-place	Md.	
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	<del>Single</del>			Name of Wife or Husband Sarah C. Jeffries			
Father's Name	Joseph Jeffries			Father's Birthplace	Md.		
Mother's Maiden Name	Lizzie Anderson			Mother's Birthplace	Md.		
Name of person giving information	William H. Jeffries			How related to deceased	Sons		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis		How long	(27)
Immediate			How long	6 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Dr. W. H. Jacobs
			Address	Millington Md.
Accident or Suicide? ..				



Name  
in  
Full

George W Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

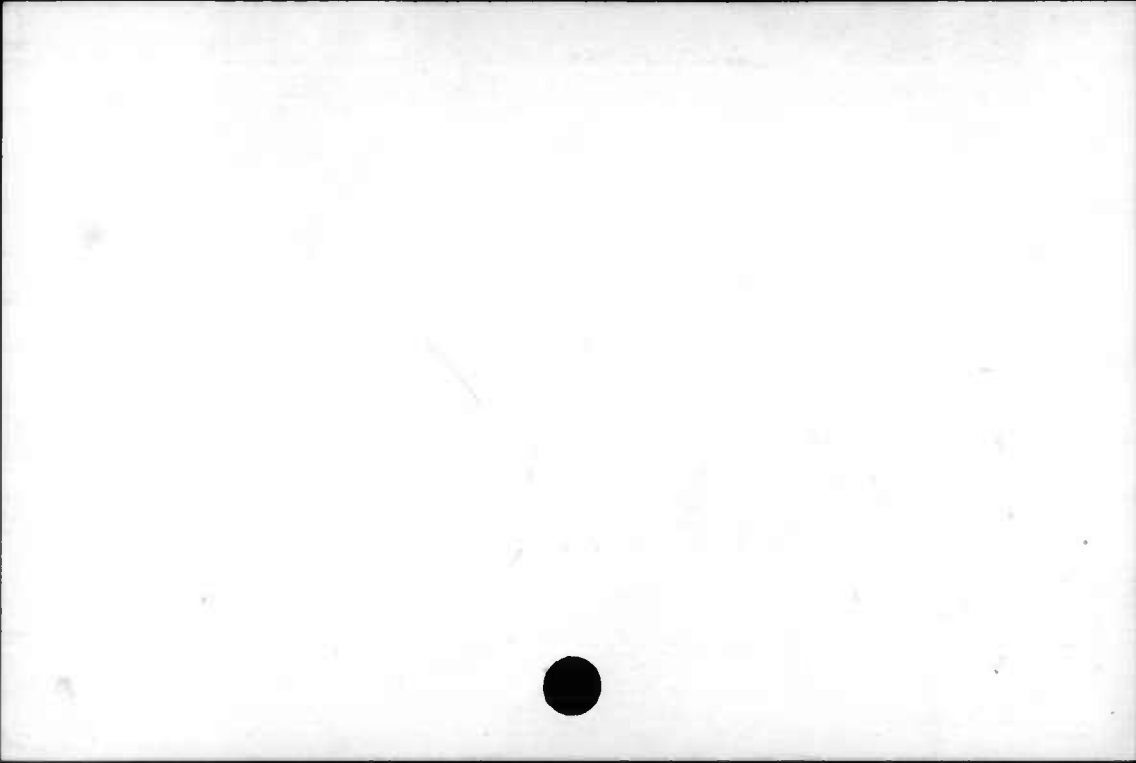
Died at		Town <u>Christietown</u>		County <u>Kent</u>		MARYLAND	
Date of death	190	Month	<u>Aug</u>	Day	<u>28</u>	Age	<u>—</u>
Sex		Male		Color or Race	<u>Col</u>	Birth-place	<u>Ind</u>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<u>Chas E Johnson</u>				Father's Birthplace	
Mother's Maiden Name		<u>Susan Thomas</u>				Mother's Birthplace	
Name of person giving Information		<u>Mother</u>				How related to deceased	

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<u>Monomania</u>	How long	<u>Several months</u>
Immediate	<u>Exhaustion</u>	How long	<u>several days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>R E Jumper</u>	
		Address	
		<u>Christietown</u>	
Accident or Suicide		<u>No</u>	





Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Wear Coleman</i>				<i>Hent</i>		MARYLAND			
		Date of death <i>1908</i>		Month <i>Aug</i>	Day <i>21</i>	Age <i>7</i>	Years	Months <i>2</i>	Days <i>8</i>		
		Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>					
		Occupation <i>None</i>				Where Residing if not at place of death <i>—</i>					
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>							
		Father's Name <i>Levi Johnston</i>				Father's Birthplace <i>Md</i>					
		Mother's Maiden Name <i>Adela Rasin</i>				Mother's Birthplace <i>Md</i>					
		Name of person giving information <i>Levi Johnston</i>				How related to deceased <i>Father</i>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">105</div>											
PHYSICIAN OR CORONER		Primary <i>Enteric Colitis</i>				How long <i>one month,</i>					
		Immediate				How long					
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>W. S. Maxwell,</i>					
						Address <i>Silt Pond, Md.</i>					
		Accident or Suicide?									

coleman

Name  
in  
Full

Charles Stevens Judofind

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

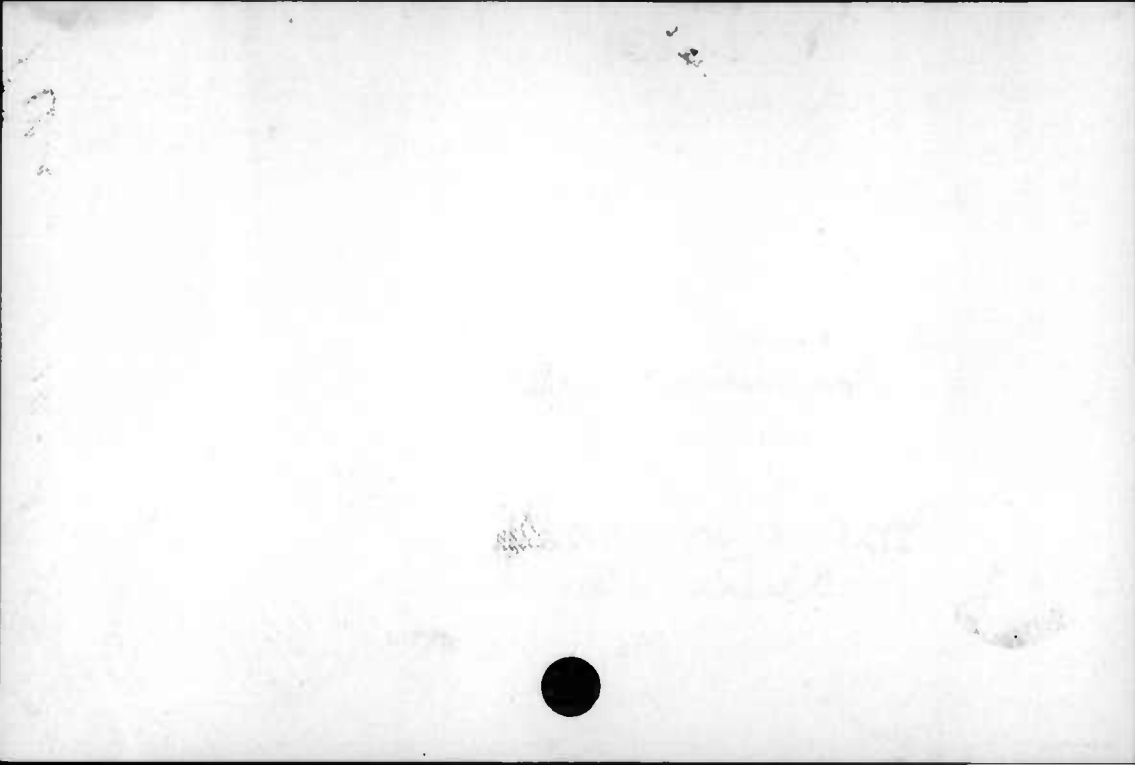
Died at <i>Rock Hall</i> <sup>Town</sup>		<i>Kent-</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Aug</i>	Day	<i>3</i>
Age		Years		Months	<i>11</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place	<i>Kent-co Md.</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Edgar Judofind</i>		Father's Birthplace <i>Kent-co Md.</i>			
Mother's Maiden Name <i>Virginia F. Stevens</i>		Mother's Birthplace <i>Kent-co Md.</i>			
Name of person giving information <i>Edgar Judofind</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Lumbar Catarrh</i> ✓	How long	<i>12 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Walter J. Kelly</i>	
		Address <i>Rock Hall, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

John W. Siker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mar. Coleman</i> Town			County <i>Hent</i>			MARYLAND	
Date of death	1908	Month <i>Aug</i>	Day <i>13</i>	Age	Years <i>—</i>	Months <i>9</i>	Days <i>5</i>
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>ind</i>
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Sie Siker</i>					Father's Birthplace	<i>Penn</i>
Mother's Maiden Name	<i>Mamie Dempsey</i>					Mother's Birthplace	<i>ind</i>
Name of person giving information	<i>John Dempsey</i>					How related to deceased	<i>grand-father</i>

## CAUSES OF DEATH

100

PHYSICIAN  
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>unknown</i>
Immediate	<i>Parasitic Stomatitis</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>L. P. Chubb, M.D.</i>		
	<i>Still Pond</i>		
	<i>ind.</i>		
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
Mary E. Krusen		Town Still Pond		County Kent	
Died at		MAYLAND			
Date of death	1908	Month Aug	Day 2	Age 72	Months —
Sex female	Color or Race White	Birth-place Delaware			
Occupation House wife	Where Residing if not at place of death				
Married, Single or Widowed married	Name of Wife or Husband Christian B Krusen				
Father's Name James H. Corner	Father's Birthplace Del				
Mother's Maiden Name Elizabeth Tumbleson	Mother's Birthplace Del				
Name of person giving information W. H. Krusen	How related to deceased son				
CAUSES OF DEATH					
Primary General debility.		How long 3 weeks.			
Immediate heart failure.		How long			
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician W. S. Maxwell.			
		Address Still Pond Md			
Accident or Suicide?					

Still Pond.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mollie T. Lipscomb*

Town *Kennedyville* County *Kent*

Died at *Kennedyville* *Kent* **MARYLAND**

Date of death *1908* Month *Aug* Day *28* Age *55* Months *-* Days *-*

Sex *Female* Color or Race *White* Birthplace *Va*

Occupation *Housewife* Where Residing if not at place of death *Kennedyville*

Married, Single or Widowed *Married* Name of Wife or Husband *William T. Lipscomb*

Father's Name *William Lykhard* Father's Birthplace *Va*

Mother's Maiden Name *Elizabeth Thompson* Mother's Birthplace *Va*

Name of person giving Information *William T. Lipscomb* How related to deceased *Husband*

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary *General Paralysis, Progressive* How long *15 yrs.*

Immediate *Exhaustion & heart failure* How long *One day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *G. L. Baruch*

Address *Kennedyville Md.*

Accident or Suicide ☒

Kennedyville

Name  
in  
Full

Ella Madona Lurty

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

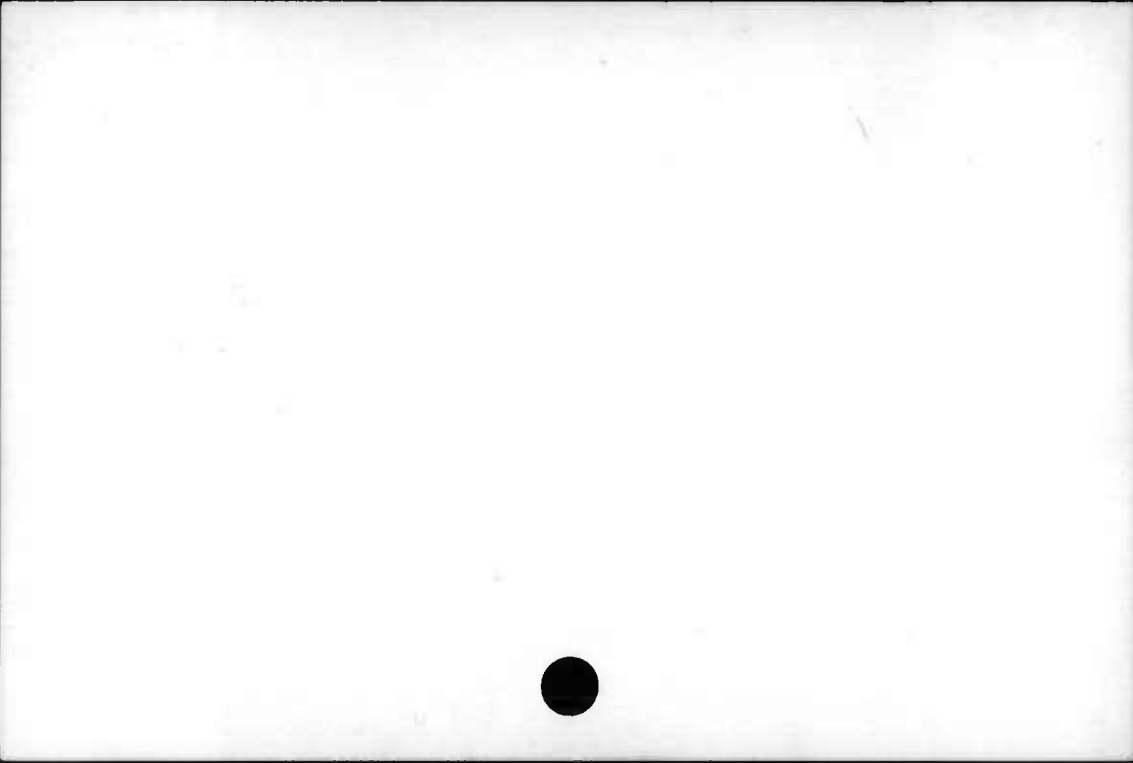
Died at		Town Cheriton		County Kent		MARYLAND	
Date of death		Month Aug		Day 5		Age	
Sex Female		Color or Race White		Birth- place Ind		Months Days	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Wm. L. Lurty				Father's Birthplace Ind			
Mother's Maiden Name Mary Edwards				Mother's Birthplace Ind			
Name of person giving Information Mother				How related to deceased			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	The colitis	How long	6 weeks
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. G. Simpkins
Yes		Address	Cheriton
Accident or Suicide			Ind



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

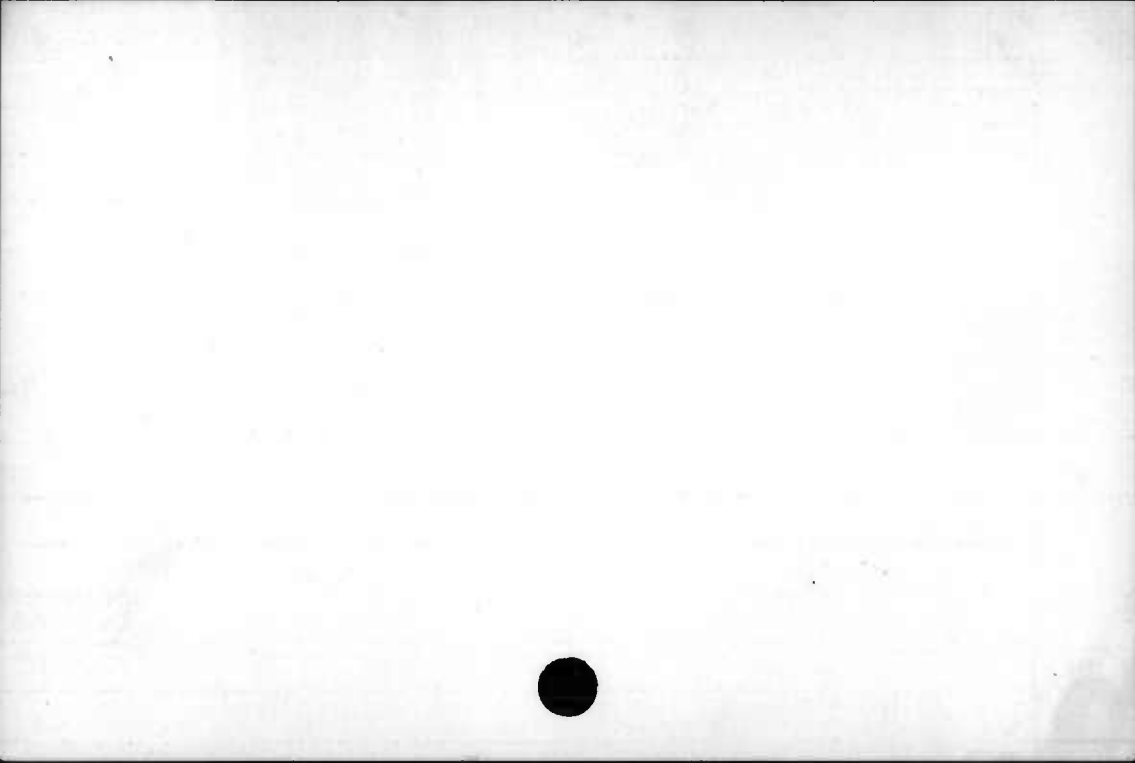
Died at <i>Millington</i> Town <i>Keokuk</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>8</i>	Day <i>18</i>	Age <i>5</i> Years <i>5</i> Months <i>5</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Pennsylvania</i>	
Occupation <i>Wm</i>		Where Residing if not at place of death <i>Keokuk</i>	
Married, Single or Widowed <i>Wm</i>		Name of Wife or Husband <i>Wm</i>	
Father's Name <i>Walter Manning</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Maggie Maguire</i>		Mother's Birthplace <i>Ireland</i>	
Name of person giving information <i>Maggie Maguire</i>		How related to deceased <i>Mother</i>	

## CAUSES OF DEATH

35

PHYSICIAN  
OR CORONER

Primary <i>Scrophula</i>	How long <i>since birth</i>
Immediate <i>Enteric Colitis</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. H. Cook</i>
	Address <i>Millington Ind</i>
Accident or Suicide?	



Name  
in  
Full

Margaret. Moore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Georgetown near Fairlie</i>		County <i>Kent</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Aug	23	60			
Sex	Female		Color or Race	African		Birth-place	Md.
Occupation	Housework		Where Residing if not at place of death				
Married, Single or Widowed	Widowed		Name of Wife or Husband <i>George W. Moore</i>				
Father's Name	<i>Samuel Wright</i>					Father's Birthplace	Md.
Mother's Maiden Name	<i>Mary unknown</i>					Mother's Birthplace	Md.
Name of person giving information	<i>George Moore</i>					How related to deceased	Son

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>3 yrs.</i>
Immediate	<i>Acute Anasarca</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Israel White</i>	
		Address	
		<i>Farm</i>	
Accident or Suicide?			
<i>no</i>		<i>Md.</i>	





Name  
in  
Full

Alice Catherine Mullin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

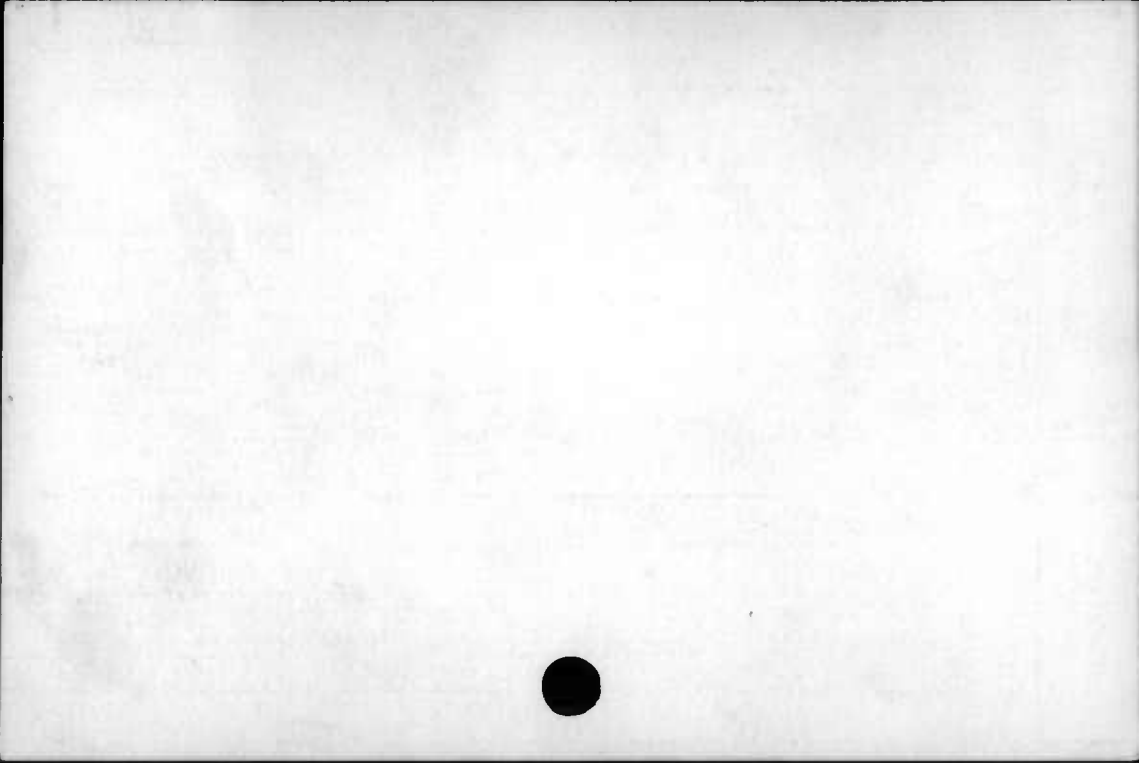
Died at <b>Rock Hall</b> <sup>Town</sup>		<b>Kent</b> <sup>County</sup>		MARYLAND	
Date of death <b>1908</b>	Month <b>Aug</b>	Day <b>18</b>	Age <b>—</b>	Months <b>1</b>	Days <b>14</b>
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Kent-co Md</b>	
Occupation <b>—</b>			Where Residing if not at place of death <b>at place of death</b>		
Married, Single or Widowed <b>—</b>			Name of Wife or Husband <b>—</b>		
Father's Name <b>John H Mullin</b>			Father's Birthplace <b>Maryland</b>		
Mother's Maiden Name <b>Edith-May Sanford</b>			Mother's Birthplace <b>Maryland</b>		
Name of person giving information <b>Edith-May Mullin</b>			How related to deceased <b>Mother</b>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <b>Summer Catarrh</b>	How long <b>3 weeks</b>
Immediate <b>Exhaustion</b>	How long <b>One day</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Walbert Lee, MD</b>
	Address <b>Rock Hall, Md.</b>
Accident or Suicide? <b>—</b>	



Name  
in  
Full

J Gilbert Newton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Chestertown		County Kent		MARYLAND	
Date of death		1908	Month Aug	Day 8	Age 19	Years	Months Days
Sex Male		Color or Race White		Birth-place Md			
Occupation Laborer		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name J. E. L. Newton		Father's Birthplace Md					
Mother's Maiden Name Catherine S Wood		Mother's Birthplace Md					
Name of person giving Information Mother		How related to deceased					

## CAUSES OF DEATH

Primary	Chorea major Following rheumatism	How long	One week
Immediate	Toxic spasms, exhaustion	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. E. Simpson	
Address		Chestertown	
Accident or Suicide		No	

PHYSICIAN  
OR CORONER

chesterborn

Name  
in  
Full

Ellen E. Parr

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Galena</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>8</i>	Day	<i>19</i>
Age		<i>51</i>	Years	<i>9</i>	Months
Sex	<i>female</i>	Color or Race	<i>white</i>	Birth-place	<i>Delaware</i>
Occupation	<i>None</i>	Where Residing if not at place of death		<i>Galena, Md</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Henry Parr</i>	Father's Birthplace		<i>Ireland</i>	
Mother's Maiden Name	<i>Ellen Connor</i>	Mother's Birthplace		<i>Ireland</i>	
Name of person giving information	<i>Henry Parr</i>	How related to deceased		<i>father</i>	

## CAUSES OF DEATH

(46)

PHYSICIAN  
OR CORONER

Primary	<i>mediastinal tumor</i>	How long	<i>3 years</i>
Immediate	<i>angina pectoris</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. M. Lattin</i>
<i>yes</i>		Address	<i>Galena, Md. Grover Sawicki, Md. Hennepville, Md.</i>
Accident or Suicide?			

Valencia

Name  
in  
Full

*William H. Purce*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

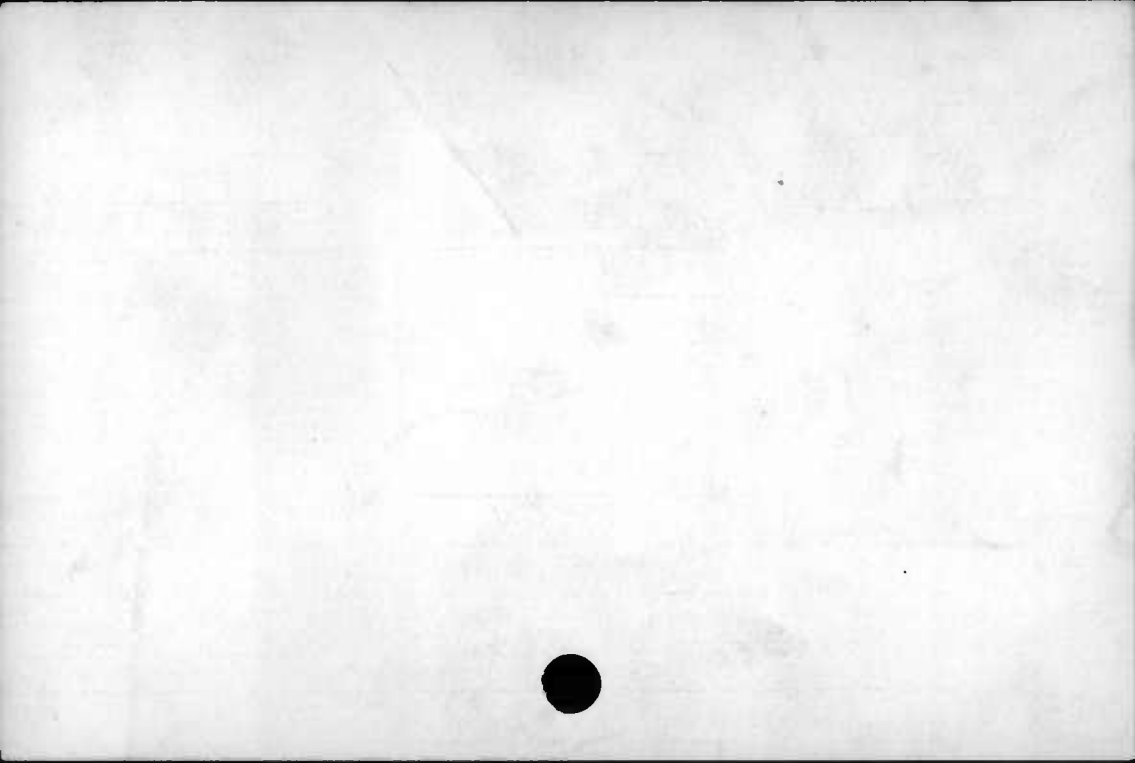
Died at <i>near Fairlee</i> Town		<i>Kent</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Aug.</i>	Day	<i>30</i>
Age		<i>79</i>		Months	<i>10</i>
Sex		<i>Male</i>		Color or Race	<i>African</i>
Occupation		<i>Farmer</i>		Birth-place	<i>Md.</i>
Where Residing if not at place of death					
Married, Single or Widowed	<i>M.</i>		Name of Wife or Husband	<i>Sarah R. Purce</i>	
Father's Name	<i>unknown</i>		Father's Birthplace	<i>unknown</i>	
Mother's Maiden Name	<i>unknown</i>		Mother's Birthplace	<i>unknown</i>	
Name of person giving information	<i>Charles Case</i>		How related to deceased	<i>Friend</i>	

CAUSES OF DEATH

**154**

PHYSICIAN  
OR CORONER

Primary	<i>Renal</i>	How long	<i>2 yrs.</i>
Immediate	<i>Exhaustion</i>	How long	<i>4 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Frank W. Smith</i>
		Address	<i>Fairlee Md.</i>
Accident or Suicide?			





Name  
in  
Full

Gilbert Thomas Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

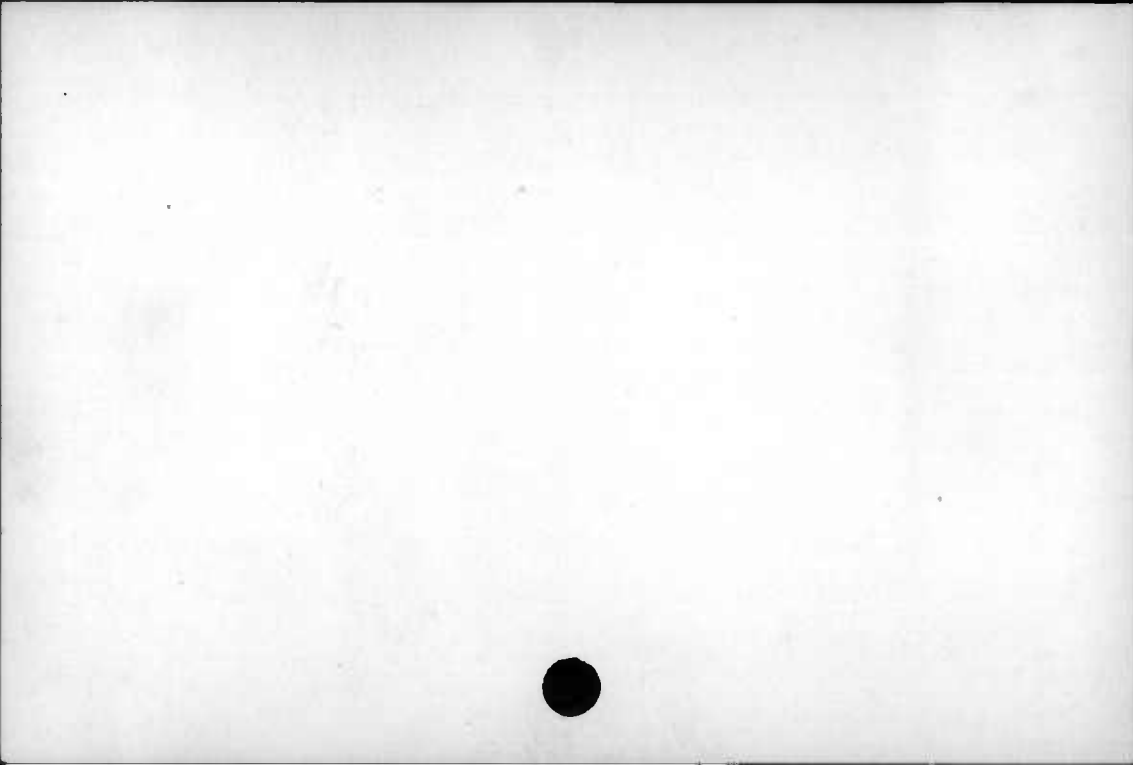
Died at		Town Rock Hall		County Kent Co		MARYLAND	
Date of death	1908	Month Aug.	Day 23	Age Years	23	Months	Days
Sex	Male		Color or Race	White		Birth- place	Baltimore
Occupation	Stenographer			Where Residing if not at place of death		Place of death	
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Not known					Father's Birthplace	Not known
Mother's Maiden Name	Not known					Mother's Birthplace	" "
Name of person giving Information	" "					How related to deceased	" "

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary	drowned	How long	One hour
Immediate	Heart failure	How long	" "
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Walter O. Selby, M.D.
		Address	Rock Hall, Md.
Accident or Suicide?			



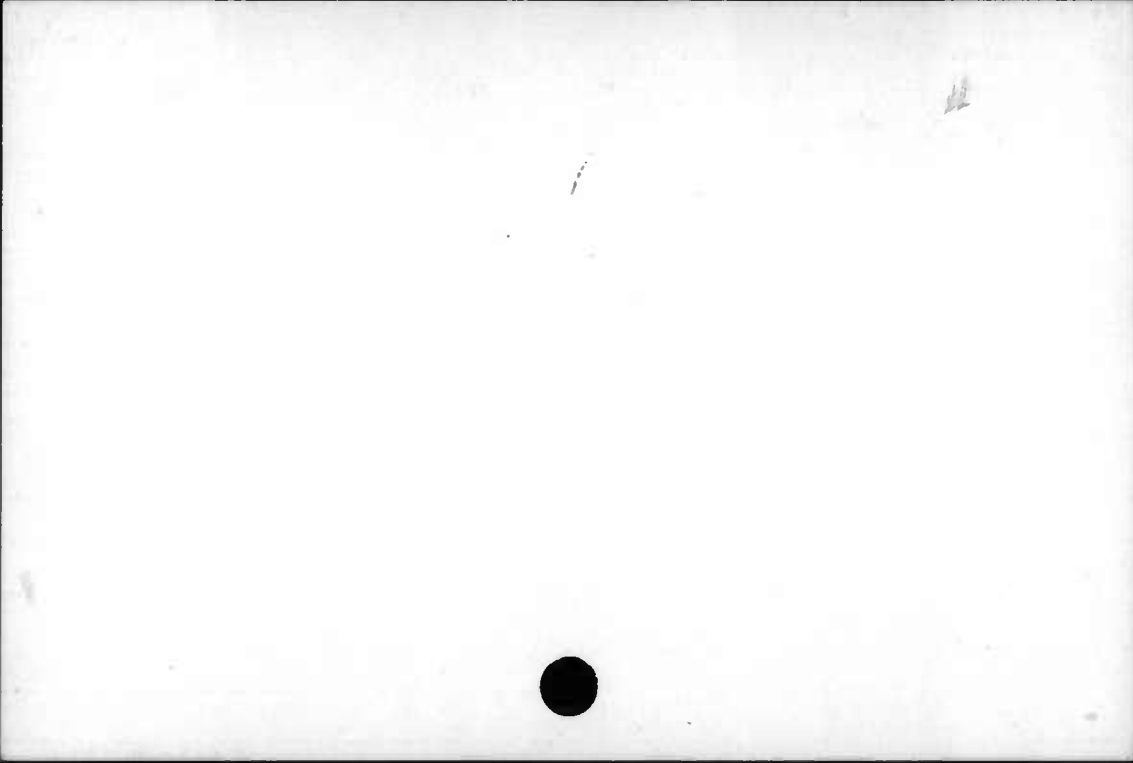
Name  
in  
Full

## CERTIFICATE OF DEATH

Died at <i>Millington</i> Town <i>Ole</i> County <i>md</i>		MARYLAND	
Date of death <i>1908</i>	<i>8</i> Month <i>9</i> Day	Age <i>81</i> Years	Months Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>md</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death		
Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/>	Name of Wife or Husband		
Father's Name <i>Kaleb. Stevens</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Anna Mariah Pearson</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Anna Mariah Morris</i>	How related to deceased <i>Niece</i>		

## CAUSES OF DEATH

Primary	<i>Hypertrophy of heart</i>	How long
Immediate	<i>Hypertrophy of heart</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Dr. W. H. Jacob</i>
		Address <i>Millington md</i>
Accident or Suicide?		



Name  
in  
Full

Emily J Voshall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Pomfret</i>		County <i>Kent</i>		MARYLAND	
Date of death		190 <i>8</i>	Month <i>Aug</i>	Day <i>2</i>	Age <i>88</i>	Years	Months
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Wid</i>
Occupation	<i>None</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Unknown</i>		Name of Wife or Husband	<i>Nathaniel Voshall</i>			
Father's Name	<i>Unknown</i>					Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>					Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>Robert J Ford</i>					How related to deceased	<i>Nephew</i>

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Infirmitiy of age</i>		How long	<i>several years</i>
Immediate	<i>Cardiac failure</i>		How long	<i>several months</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>J. A. Simpson</i>	
			Address <i>Chestertown, Md</i>	
Accident or Suicide?		<i>No</i>		

St Paul

Name  
in  
Full

*Laura Virginia Watson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Rock Hall</i>		Town <i>Hall</i>		County <i>Kent-</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Aug</i>		Day <i>27</i>		Age <i>58</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William Watson</i>					
Father's Name <i>James Hutchins</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Anna E. Hutson</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Herbert Watson</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

**42**

PHYSICIAN  
OR CORONER

Primary	<i>Cancer of uterine or womb</i>	How long	<i>4 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Walter S. Kelly M.D.</i>	
		Address <i>Rock Hall Md.</i>	
Accident or Suicide?			

